

## Innisfil Montessori Academy

### Application Checklist:

- Application Form
  - Application fee \$75.00 (includes one school shirt and bag)
  - Health Form
  - Preschool Immunization History
  - Photo of Child
  - Copy of Birth Certificate
  - Copy of Health Card
  - Authorization for Non-Prescription Skin Products
  - Media Waiver
  - Permission Form for Neighborhood Outings
  - Regular & Emergency Pick up Policy
  - Sleep Supervision (Toddler only)
  - Non Prescription Skin Products form
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1. There is a onetime \$75.00 registration fee per child that is due upon registration. This holds your child's spot in the program. It is **Non-Refundable**
  2. Application package must be fully completed prior to attendance.
  3. Children under the age of 44 months **MUST** participate in the hot lunch program.
  4. Please familiarize yourself with our payment policy

**Innisfil Montessori Academy**  
**201 Sunnybrae Avenue**  
**Innisfil, ON L9S 1H8**

**STUDENT APPLICATION FORM**

Child's Name: _____	
Child's Address: _____	
Birthdate: _____	Authorized Pick-up Person(s): _____
Date of Entry: _____	Age at time of entry: _____

**PARENT INFORMATION**

Name: _____ Home Address: _____ _____ Home Phone: _____ E-Mail: _____ Cell Phone: _____ Bus. Phone: _____ Workplace (incl. address): _____	Name: _____ Home Address: _____ _____ Home Phone: _____ E-Mail: _____ Cell Phone: _____ Bus. Phone: _____ Workplace (incl. address): _____
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**Emergency Contacts (All information is necessary as per the Ministry of  
Community & Social Services)**

Name: _____	Relationship: _____	Phone #: _____
Name: _____	Relationship: _____	Phone #: _____
Family Dr.: _____	Phone #: _____	
Dr. Address: _____		
Allergies: _____		
Other relevant information regarding child's health: _____		

**Innisfil Montessori Academy**  
**201 Sunnybrae Avenue**  
**Innisfil, ON L9S 1H8**

**Program Requested: (Please Circle)**

Toddler                      Casa                      Half Day Casa                      JK/SK

**Number of Days:**

Two                      Three                      Four                      Five

**Days Requested:**

\_\_\_\_\_

Hot Lunch Requested: Yes ( )                      No ( ) Cost is \$4.00 per day (mandatory for children under 3.8 yrs.

Previous Childcare Provider: \_\_\_\_\_

Discharge Date: \_\_\_\_\_





"Broader Palate, Broader Mind!"

## ANAPHYLAXIS, Allergies, and Intolerances Information Form

\*MUST BE ACCOMPANIED WITH AN ALLERGY REPORT FROM A TRAINED HEALTH PROFESSIONAL OR ALLERGEN TESTING FACILITY\*

Child Care Centre: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Please complete the following. Give a full description of the severity of the reaction and include any parameters with respect to each allergy (see attached 'Sample Information Sheet').

Allergy/Intolerance: \_\_\_\_\_

Reaction/Symptoms: \_\_\_\_\_

\_\_\_\_\_  **ANAPHYLAXIS**

**\*NO\***

**\*YES\***

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

Centre Signing Authority: \_\_\_\_\_ DATE: \_\_\_\_\_

# Sample Information Sheet

**Child:** Johnathan Doe

**Allergy/Intolerance:** Intolerant to **soy** and **milk** with limited tolerance

**Symptoms:** Diarrhea (runny, green stool with possible mucous or blood), history of and red, raise bumps on legs)

* NO *	✓ YES ✓
<p><b>Milk:</b></p> <ul style="list-style-type: none"> <li>* NO fresh, or heated milk, cream, buttermilk, ice cream, etc.</li> <li>* NO yogurt or frozen yogurt</li> <li>* NO chocolate, caramel or similar candy containing milk</li> <li>* NO ricotta cheese, cottage cheese, processed cheese or shelf stable parmesan cheese (contain added milk)</li> <li>* NO cream cheese</li> <li>* NO dips, salad dressings, icings, streusel, margarine, etc. containing milk</li> <li>* NO cheese/whey powder (e.g. doritos, cheesies)</li> </ul>	<p><b>Milk:</b></p> <ul style="list-style-type: none"> <li>✓ YES baked in milk with flour (e.g. pancakes, muffins, waffles)</li> <li>✓ YES butter (NOT margarine, unless vegan)</li> <li>✓ YES cheese cooked or uncooked (the only ingredient should be pasteurized milk with cheese cultures), e.g. cheddar, marble, mozzarella, feta/goat cheese, cream cheese* etc.</li> </ul> <p><small>*limited experience, may not have tolerance, please keep communication</small></p>
<p><b>Soy:</b></p> <ul style="list-style-type: none"> <li>* NO Soy/soybean <b>protein</b> or edamame</li> </ul> <p>E.g. Soy milk, soy sauce, hydrolyzed soy protein, edamame</p> <p>Things to watch for especially:</p> <p>Bread (rare)</p> <p><b>Gravy or soup</b> (mix or canned), <b>chili or meat sauces</b> (e.g. tim hortons, chef Boyardee), <b>meat substitutes</b></p>	<p><b>Soy</b></p> <ul style="list-style-type: none"> <li>✓ YES soy/soybean oil or soy lethicin (highly refined and stripped of protein)</li> </ul>



*"Broader Palate, Broader Mind!"*

**SPECIAL REQUEST FORM**

Child Care Centre: \_\_\_\_\_

Child's Name: \_\_\_\_\_

**Special Dietary Request**

- Vegan
- Vegetarian
- Pork Free
- Gluten Free
- Raw Dairy Free (drinkable milk, cheese, yogurt)
- All Dairy Free
- Other: \_\_\_\_\_

I, \_\_\_\_\_ (parents name) understand that my request for a special diet for my child is for personal reasons or beliefs and is not associated with any life threatening allergy or allergic reaction to above food/s.

Parent Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

Center Signing Authority: \_\_\_\_\_ DATE: \_\_\_\_\_

**Media Waiver**

This waiver is to be signed upon registration and annually thereafter.

Child's Name: \_\_\_\_\_

I hereby give permission for Innisfil Montessori Academy to photograph my child:

- |                               |     |    |
|-------------------------------|-----|----|
| 1. For use within the school  | yes | no |
| 2. For use on the IMA website | yes | no |
| 3. For the local papers       | yes | no |
| 4. On our Facebook Page       | yes | no |
| 5. On our Instagram Page      | yes | no |
| 6. On the Remind App          | yes | no |

\_\_\_\_\_  
Parents Signature

\_\_\_\_\_  
Date

**OR**

I do not authorize Innisfil Montessori Academy to photograph my child.

Comments:

\_\_\_\_\_  
\_\_\_\_\_



## Permission Form for Neighborhood Outings

As part of the Montessori program, the children will be provided with learning opportunities within the community. Walks are an integral part of the school's teaching program. They take place during regular school hours, with teachers accompanying the children. These trips may include; walking to the Stroud library to take part in reading programs and trips to the local parks and businesses in the area.

The following form grants permission for your child to partake in these activities which involve walking in the neighborhood for distances less than five kilometers. These trips will be under direct supervision of the teachers.

### Acknowledgment

I hereby acknowledge and accept the risks that are involved with my child participating in neighborhood walks. I assume responsibility for my Child's health, medical, dental and accident insurance coverage.

Name of student \_\_\_\_\_

Signature of parent \_\_\_\_\_

Date \_\_\_\_\_

### Permission

I give my child \_\_\_\_\_ permission to participate in walking activities in the neighborhood within a 5 kilometer distance.

No thanks, I do not want \_\_\_\_\_ to participate on neighborhood walks.

Signature of parent \_\_\_\_\_

Date \_\_\_\_\_

**Regular and Emergency Pick-up Policy**

In the event that your child needs to be picked up by someone other than a custodial parent (guardian), Innisfil Montessori Academy is required to have written permission to release your child. Please fill out the following to indicate **who are routinely authorized to take your child off the school premises**. Please include any caregiver's that will be picking up your child and please include a non-family member (friend/neighbor) who lives close enough to pick up your child if they become ill and we cannot contact you, or in the event of an emergency on your part. Please give the phone numbers where this person can be reached while your child is in our care.

Name \_\_\_\_\_

Phone Number \_\_\_\_\_ or \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Phone Number \_\_\_\_\_ or \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Phone Number \_\_\_\_\_ or \_\_\_\_\_

Relationship \_\_\_\_\_

## SLEEP SUPERVISION POLICY

As per regulation to the Child Care and Early Years Act (CCEYA), all children at Innisfil Montessori Academy are mandated have a rest period.

### SLEEP ARRANGEMENTS

Each toddler will have their own cot assigned to them which will be labelled with their name. With regards to individual sleeping arrangements, parents will be required to fill out our “*Sleep Preferences, Accommodations and Precautions*” form upon enrollment. This form will be reviewed and signed by the child’s classroom teachers upon entry into their room. Once reviewed this form will be placed in the classroom emergency binder for easy access when needed.

### CHANGE IN SLEEP PATTERN

Staff are obligated to communicate any significant changes to your child’s sleep pattern or sleep behaviour such as night terrors or a substantial change in amount of sleep. This communication allows us to ensure that parents are always aware of changes that are occurring with their child. These changes to sleep pattern or sleep behaviour will be communicated through the child’s written daily report or verbally upon pick up or drop off.

**VISUAL CHECKS** Direct visual checks will be performed on the child during rest time to ensure that there are no signs of distress. Visual checks for all age groups will be documented in a sleep log in the child’s classroom. The frequency of these checks is based on the child’s age and can be found in the chart below.

Toddler (18 months-2.5 years)	Every 30 minutes	Sleep Log
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These visual checks will be conducted by the classroom teacher being physically present beside the child long enough to ensure that they are not under distress. During these visual checks staff will be looking for breathing rate, sweating, colour change, wheezing, and nose flaring. If the child is showing any signs of distress the staff will act accordingly.

# SLEEP PREFERENCES, ACCOMODATIONS, AND PRECAUTIONS

At Innisfil Montessori Academy we want your child to feel as comfortable as possible throughout their stay at our center. We want to ensure your toddler is able to feel fully rested during our rest periods so that they can be recharged for the rest of their fun filled day. Our toddler and Casa students rest on cots and are encouraged to sleep. In our kindergarten program our students rest on mats, they are welcome to sleep or can choose to read or do quiet activities on their rest mats.

Please fill out this form with any special preferences (i.e. likes to sleep in the dark,) accommodations (i.e. Needs a pacifier, sleeps with a teddy bear etc) and precautions (ie. Has night terrors, tends to get overheated at night etc.) that you may have for your child.

\*Please note that any items, besides a pillow and blanket, not listed on this page will not be allowed with your child as they sleep.\*

Child's Name: \_\_\_\_\_

Sleep Preference(s):

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Sleep Accommodation(s):

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Sleep Precaution(s):

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\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Lead Teacher Signature

\_\_\_\_\_  
Date

## What your child will need at IMA:

- \*Indoor shoes
  - \*Change of clothing (multiple if in toddler or is toilet training)
  - \*Seasonally appropriate clothing for outdoor play.
  - \*Hat and sunscreen
  - \*Diapers and Wipes (if applicable)
  - \*Crib sheet and bedding for nap time (to be taken home on your child's last day each week to be washed)
- Please label EVERYTHING!

## Communication

Please ensure IMA has all updated phone numbers and email address.

Be sure to join the "Remind App" for your child's class

Follow us on Facebook for reminders and pictures of your child's day at school!

## Important Dates:

Please note IMA will be closed on the following days:

Labour Day, Thanksgiving, Family Day, Good Friday, Easter Monday, Victoria Day, Canada Day, Civic Day.

We also close for two weeks at Christmas and one week for March break as outlined in the Simcoe Country District School Board calendar

## Welcome to Innisfil Montessori Academy!

We are very excited to be welcoming you and your family to our IMA community!

We want to ensure your transition to our school is as seamless as possible.

Please take some time to familiarize yourself with our Parent Handbook which contains policies and important information about our school.



*"Education cannot be effective unless it helps a child open up himself to life"*

- Marie Montessori



**Innisfil Montessori Academy**

**705-431-4462**

[innisfilmontessori@rogers.com](mailto:innisfilmontessori@rogers.com)

**Innisfil Montessori Academy**  
**Authorization for Non-Prescription Skin Products**

**Child's Full Legal Name:**

**Date of Birth (dd/mm/yyyy):**

The following **non-prescription** items may be applied to my child in accordance with the manufacturer's instructions on the original container (please check off):

- Sunscreen       Diaper Creams/Ointment       Lip balm
- Insect repellent       Lotions       Hand sanitizers

<b>Innisfil Montessori Academy has agreed to provide:</b>	<b>Parent has agreed to provide:</b>
Hand Sanitizers	

**Date**

**Signature of Parent**

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